

2000 MEPS

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This data in this report were obtained in the first round of interviews for the Household Component (HC) of the 2000 Medical Expenditure Panel Survey (MEPS). MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS). The MEPS HC is a nationally representative survey of the U.S. civilian noninstitutionalized population that collects medical expenditure data at both the person and household levels. The focus of the MEPS HC is to collect detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment. In other components of MEPS, data are collected on the use, charges, and payments reported by providers; residents of licensed or certified nursing homes; and the supply side of the health insurance market.

The sample for the MEPS HC was selected from respondents to the National Health Interview Survey (NHIS), which was conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population and reflects an oversampling of Hispanics and blacks. The MEPS HC collects data through an overlapping panel design. In this design, data are collected through a precontact interview that is followed by a series of five rounds of interviews over 2½ years. Two calendar years of medical expenditure and utilization data are collected from each household and captured using computer-assisted personal interviewing (CAPI). This series of data collection rounds is launched again each subsequent year on a new sample of households to provide overlapping panels of survey data which, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures. The reference period for Round 1 of the 2000 MEPS HC (Panel 5) was from January 1, 2000, to the date of the Round 1 interview. Interviews for Panel 5 (Round 1) were conducted from March to July 2000.

Derivation of Insurance Status Information

The household respondent was asked if during the interview period anyone in the family was covered by any of the sources of public and private health insurance coverage discussed in the following paragraphs. Coverage by Medicare and TRICARE, formally known as CHAMPUS/CHAMPVA, was measured at the time of the interview. (CHAMPUS and CHAMPVA were the Civilian Health and Medical Programs for the Uniformed Services and Veterans' Affairs.) All other sources of insurance were measured for any time between January 2000 and the interview date. Persons counted as uninsured were uninsured throughout this time period. **Public Coverage** For this report, individuals were considered to have public coverage only if they met both of the following criteria:

- They were not covered by private insurance.
- They were covered by one of the public programs discussed below.

Medicare

Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and most persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium.

TRICARE

TRICARE covers active-duty and retired members of the Uniformed Services and the spouses and children of active-duty, retired, and deceased members. Spouses and children of veterans who died from a service-connected disability, or who are permanently disabled and are not eligible for Medicare, are covered by TRICARE. In this report, TRICARE coverage is considered to be public coverage. When persons covered by TRICARE reach age 65, their coverage generally ends and enrollees are eligible for Medicare.

Medicaid and State Children's Health Insurance Program

Medicaid and the State Children's Health Insurance Program (SCHIP) are means-tested government programs jointly financed by Federal and State funds that provide health care to those who are eligible. Eligibility criteria vary significantly by State. Medicaid is designed to provide health insurance coverage to families and individuals who are unable to afford necessary medical care, while SCHIP is designed to provide health insurance coverage for uninsured low-income children. Respondents who did not report Medicaid or SCHIP coverage were asked if they were covered by any other public hospital/physician coverage. These questions were asked in an attempt to identify Medicaid or SCHIP recipients who might not have recognized their coverage as Medicaid or SCHIP. In this report, all coverage reported in this manner is considered public coverage.

Private Health Insurance

Private health insurance was defined for this report as insurance that provides coverage for hospital and physician care (including Medigap coverage). Insurance that provides coverage for a single service only, such as dental or vision coverage, was not counted. Private health insurance could have been obtained through an employer, union, self-employed business, directly from an insurance company or a health maintenance organization (HMO), through a group or association, or from someone outside the household.

Uninsured

The uninsured were defined as persons not covered by Medicare, TRICARE, Medicaid, other public hospital/physician programs, or private hospital/physician insurance (including Medigap coverage) during the period from January 2000 through the time of the interview. Individuals covered only by noncomprehensive State-specific programs (e.g., Maryland Kidney Disease Program) or private single-service plans (e.g., coverage for dental or vision care only, coverage for accidents or specific diseases) were not considered to be insured.

Health Insurance Edits

For the Round 1 (Panel 5) sample, minimal editing was performed on sources of public coverage and no edits were performed on the private coverage variables. Health insurance data were edited as described below.

Medicare

Medicare coverage was edited for persons age 65 and over but not for persons under age 65. Persons age 65 and over were assigned Medicare coverage if they met one of the following criteria:

- They answered "yes" to a followup question on whether they had received Social Security benefits.
- They were covered by Medicaid, other public hospital/physician coverage, or Medigap coverage.
- Their spouse was age 65 or over and covered by Medicare.
- They were covered by TRICARE.

Medicaid

This report does not distinguish among sources of public insurance. Medicaid or other public hospital/physician coverage was included when considering whether an individual was covered only by public insurance.

TRICARE

Respondents age 65 and over who reported TRICARE coverage were instead classified as covered by Medicare.

Private Health Insurance

Private insurance coverage was unedited and unimputed for Round 1 (Panel 5). Individuals were considered to be covered by private insurance if the insurance provided coverage for hospital/physician care. Medigap plans were included. Individuals covered by single-service plans only (e.g., dental, vision, or drug plans) were not considered to be privately insured. Sources of insurance with missing information regarding the type of coverage were assumed to contain hospital/physician coverage.

Population Characteristics

Place of Residence

Individuals were identified as residing either inside or outside a metropolitan statistical area (MSA) as designated by the U.S. Office of Management and Budget (OMB), which applied 1990 standards using population counts from the 1990 U.S. census. An MSA is a large population nucleus combined with adjacent communities that have a high degree of economic and social integration within the nucleus. Each MSA has one or more central counties containing the area's main population concentration. In New England, metropolitan areas consist of cities and towns rather than whole counties. Regions of residence are in accordance with the U.S. Bureau of the Census definition.

Race/Ethnicity

Classification by race and ethnicity was based on information reported for each household member. Respondents were asked if their race was best described as American Indian, Alaska Native, Asian or Pacific Islander, black, white, or other. They were also asked if their main national origin or ancestry was Puerto Rican; Cuban; Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. All persons who claimed main national origin or ancestry in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include black Hispanic, white Hispanic, and other Hispanic, the race categories of black, white, and other do not include Hispanic.

Employment Status

Persons were considered to be employed if they were age 16 and over, and had a job for pay, owned a business, or worked without pay in a family business at the time of the Round 1 interview.

Sample Design and Accuracy of Estimates

MEPS is designed to produce estimates at the national and regional level over time for the civilian noninstitutionalized population of the United States and some subpopulations of interest. Each MEPS panel collects data covering a 2-year period, with the first five MEPS panels spanning 1996-97, 1997-98, 1999-2000, and 2000-2001. The data in this report are from the first round of data collection for the MEPS Panel 5 sample. The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, interviewer effects, and data processing misspecifications. For a detailed description of the MEPS survey design, the

adopted sample design, and methods used to minimize sources of nonsampling error, see Cohen (1997) and Cohen, Monheit, Beauregard, et al. (1996). The MEPS person-level estimation weights include nonresponse adjustments and poststratification adjustments to population estimates derived from the March 2000 Current Population Survey (CPS) based on cross-classifications by region, MSA status, age, race/ethnicity, and sex.

Tests of statistical significance were used to determine whether the differences between populations exist at specified levels of confidence or whether they occurred by chance. Differences were tested using Z-scores having asymptotic normal properties at the 0.05 level of significance. Unless otherwise noted, only statistical differences between estimates are discussed in the text.

At its beginning in 2000, MEPS Panel 5 consisted of a sample of 5,357 households, a nationally representative subsample of the households responding to the 1999 National Health Interview Survey. Like earlier MEPS panels, the Panel 5 sample reflects the oversampling of Hispanic and black households resulting from the NHIS sample design.

The overall MEPS Panel 5 response rate at the end of Round 1 (which collects data for the first part of 2000) was 74.9 percent. This overall rate reflects response to both the 1999 NHIS interview and the MEPS Round 1 interview.

Rounding

Estimates presented in the tables were rounded to the nearest 0.1 percent. Standard errors, presented in Tables A-D, were rounded to the nearest 0.01, while for Table E they were rounded to the nearest whole number. Population estimates in Tables 1-5 were rounded to the nearest thousand. Therefore, some of the estimates presented in the tables for population totals of subgroups will not add exactly to the overall estimated population total.

Comparisons with Other Data Sources

Because of methodological differences, caution should be used when comparing these data with data from other sources. For example, CPS measures persons who are uninsured for a full year; NHIS measures persons who lack insurance at a given point in time—the month before the interview. The CPS interview that contains information on the health insurance status of the population is conducted annually, and NHIS collects insurance data on a continuous basis each year. In addition, unlike MEPS, CPS counts as insured military veterans whose source of health care is the Department of Veterans Affairs. CPS also counts children of adults covered by Medicaid as insured. For these preliminary estimates, MEPS did not consider these children insured unless their families reported them as such.